

ADOLESCENT Health Screening Questionnaire
Ages 13 to 17 years old

Date: _____

Clinician: _____

Name: _____

Birth date: _____

Please answer the following questions to help our providers learn more about your nutrition and physical health.

Have you had unexplained weight loss or weight gain? (IF YES, CIRCLE ONE)	Yes / No
(CIRCLE THOSE THAT APPLY) Do you skip breakfast, lunch or dinner?	Yes / No
Do you ever eat to the point where you feel uncomfortable or out of control?	Yes / No
(CIRCLE THOSE THAT APPLY) Do you have a history of, or are currently struggling with, an eating disorder, binge eating or emotional eating?	Yes / No
Do you have trouble sleeping?	Yes / No
Do you get up in the middle of the night to eat?	Yes / No
Do you drink more than two servings of caffeine daily?	Yes / No
During a normal week, how often are you physically active? _____ minutes per day _____ days per week	
On a scale of 1-10, how ready are you to be more physically active? _____ (10=extremely motivated; 1=no motivation at all)	
Have you had a recent change in appetite?	Yes / No
(CIRCLE THOSE THAT APPLY) Do you have any problems with swallowing, chewing, diarrhea, or constipation?	Yes / No
Do you follow any special diet? If yes, what type of diet? _____	Yes / No
Do you have any food allergies/intolerances/sensitivities? If yes, what foods? _____	Yes / No
Do you have enough food to eat?	Yes / No
During a normal meal, is half the food on your plate fruits and vegetables?	Yes / No
On a scale of 1-10, how ready are you to eat more fruits and vegetables? _____ (10=extremely motivated; 1=no motivation at all)	
Do you eat protein with every meal?	Yes / No
Do you drink 8 or more glasses of water a day?	Yes / No
What concerns, if any, do you have with your eating habits? _____ _____	
Do you or anyone in your household smoke cigarettes?	Yes / No
On a scale of 1-10, how ready are you to quit smoking cigarettes? _____ (10=extremely motivated; 1=no motivation at all)	
Would you like to schedule an appointment with the Dietitian? <i>If you answer YES to this question, a Registration staff member will contact you to schedule for nutrition services.</i>	Yes / No

An initial nutrition assessment is recommended to compliment the care you are already receiving here at Nystrom and Associates. Please discuss this with the Front Office Associate after your initial appointment or call (651) 529-8671 to speak with our Registration team.